



CITY OF DECATUR, TEXAS

1601 S. State Street

Phone 940-393-0250

Inspections Line 940-393-0259 * Fax 940-626-4629

Commercial / Multi-Family (3 or more units) / Tenant Finish Out / Remodel / Addition / Shell Permit Application

Permit #: _____

Valuation: \$ _____

Permit Fee: \$ _____

(To be completed by City Staff)

THIS APPLICATION IS FOR WORK BEING DONE FOR A COMMERCIAL OR MULTI-FAMILY BUILDING.

Incomplete application and/or submittal will delay the review process.

Five (5) full sets of plans and an electronic .pdf, formatted disk is required to be submitted with application.

If electronic version is not provided, a \$5.00 per page archiving fee will be assessed.

****A Certificate of Occupancy Application must be submitted in conjunction with this application.***

**** Note: All property must be properly platted, zoned, and all required public improvements either installed or addressed prior to issuance of a building permit. Note that an engineer, when required by the Texas Engineering Practice Act, must seal plans.***

☐ Commercial

☐ Multi-Family

☐ New

☐ Tenant Finish Out

☐ Remodel

☐ Addition

☐ Shell

Job Address: _____ Building Name / Complex: _____

Property Legal Description: _____ Subdivision: _____

Lot: _____ Block: _____ Lot Size: _____ % of bldg coverage on lot: _____

Description of work: _____ Valuation: _____

Use of building: _____ Zoning: _____

Total Square footage of Building: _____ Number of stories: _____ Remodel Sq ft: _____

Square feet per floor: 1st _____ 2nd _____ 3rd _____ Number of units: _____

Bedrooms: _____ # Bathrooms: _____ Garage sq. ft.: _____ Patio / Porch sq. ft.: _____

Primary Contact

☐ Contractor

☐ Tenant

☐ Property Owner

Contractor

Contractor Name: _____ Phone: _____

Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Fax: _____ E-mail: _____

Tenant

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Fax: _____ E-mail: _____

Property Owner

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Electric

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Plumbing

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Mechanical

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Applicant Acknowledgement: I hereby certify by my signature below that: 1) I understand that I am the person responsible for inspections and all related fees and charges. 2) I agree to abide by all laws and ordinance governing this type of work whether specified herein or not 3) Where no work has been started within 180 days after the issuance of a permit or when more than 180 days lapses between approval of required inspections, such permit shall be void, and 4) I have read and examined this application and know the same to be true and correct.

Applicant / Contractor Name (PRINT) _____

Applicant / Contractor Signature _____ Date _____

Has an asbestos survey been performed? ☐ NO ☐ YES
☐ I hereby certify that an asbestos survey has been done in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) for the area(s) being renovated and/or demolished.

Choose the method of compliance used for plan:

- ☐ Simplified Prescriptive Approach (fill out remainder of form) **New Construction Only.**
☐ Performance Testing Participation in an approved Energy Program. Name of Program: _____ (attach copy of report)
☐ Component Performance Approach (attach COM check report)

ALL PROPOSED CONSTRUCTION MUST COMPLY WITH THE 2015 IECC

Use this table for compliance using the prescriptive approach

IECC Requirements

All proposed construction must comply with the 2015 IECC

Submit COM Check report detailing compliance. This needs to include envelope, lighting and mechanical compliance reports.

Statement of Compliance: The proposed building design represented in these documents is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the requirements of the International Energy Conservation Code.

Contractor's Signature: _____

Company _____ Date _____

Commercial Water Meter Size Calculator

Type of Fixture	Fixture Value	# of Fixtures	Total
Bathtub (Commercial)	4	x	=
Lavatory	2	x	=
Shower Head	4	x	=
Urinal (1" flush valve)	10	x	=
Urinal (3/4" flush valve)	5	x	=
Urinal (Flush tank)	3	x	=
Water Closet (Flush valve)	10	x	=
Water Closet (Flush tank)	5	x	=
Water Closet (Flushometer tank)	2	x	=
Washing Machine (8 lb)	3	x	=
Washing Machine (15 lb)	4	x	=
Drinking Fountain (3/8" valve)	0.25	x	=
Kitchen Sink (Hotel/Restaurant)	4	x	=
Service Sink (Offices, etc.)	3	x	=
TOTAL			=

- Domestic Flow Required? _____ GPM
(Non-Residential & Multi Family)
- Is the building to be sprinkled? Yes _____ No _____
- Minimum Fire Flow Required? _____ GPM
- Identify above all of the plumbing fixtures that will be installed.
- Water Meter Size _____ Distribution Pipe Size _____